

Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order. This form is available as a fill-in form on the IMLS Web site (see information on electronic forms, page 2.2).

- ☐ Face Sheet (2 pages)
- ☐ Program Information Form (1 page)
- ☐ Application Checklist
- ☐ Abstract
- ☐ Narrative
- ☐ Schedule of Completion
- ☐ Project Budget
 - ☐ Detailed Budget
 - ☐ Summary Budget
 - ☐ Budget Justification
- ☐ Current, Federally Negotiated Rate for Indirect Costs, if applicable
- ☐ Partnership Statement, if applicable
- ☐ Proof of Nonprofit Status, if applicable
- ☐ Applicant(s) Organizational Profile
- ☐ Service Expectations/Recruitment Documentation
- ☐ Student Placement Documentation
- ☐ Resumes of Key Personnel (no longer than two pages per person)
- ☐ Attachments, as appropriate
 - ☐ Report from Planning Activities (e.g., Needs Assessments)
 - ☐ Products or Evaluations from Previously Completed or Ongoing Projects of a Similar Nature
 - ☐ Other _____
- ☐ 3.5-inch disk or CD

Face Sheet

OMB No. 3137-0049

01/31/2007

CFDA No. 45.313

1. APPLICANT ORGANIZATION

Legal Name _____

Address 1 _____

Address 2 _____

City _____ County _____ State _____

Zip + 4/Postal Code _____ Congressional District _____

DUNS Number _____ Employer Identification Number (EIN/TIN) _____

Web Address http:// _____

2. PROJECT INFORMATION

Project Title _____

Project Description _____

Grant Period Start Date _____ End Date _____

(must begin between 7/1/06-12/1/06)

3. PROJECT DIRECTOR

Prefix _____ First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Title _____

Address 1 _____

Address 2 _____

City _____ County _____ State _____

Zip + 4/Postal Code _____ E-mail _____

Phone _____ Fax _____

4. PRIMARY CONTACT/GRANTS ADMINISTRATOR

☐ Same as Project Director (skip to item 5)

Prefix _____ First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Title _____

Address 1 _____

Address 2 _____

City _____ County _____ State _____

Zip + 4/Postal Code _____ E-mail _____

Phone _____ Fax _____

CONTINUE TO ITEM 5

5. TYPE OF APPLICANT: CHECK THE ONE THAT APPLIES

- ☐ State Government
☐ County Government
☐ City or Township Government
☐ Special District Government
☐ Regional Organization
☐ U.S. Territory or Possession
☐ Independent School District
☐ Public/State Controlled Institution of Higher Education
☐ Indian/Native American Tribal Government (Federally Recognized)
☐ Indian/Native American Tribal Government (Other than Federally Recognized)
☐ Indian/Native American Tribally Designated Organization
☐ Public/Indian Housing Authority
☐ Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
☐ Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
☐ Private Institution of Higher Education
☐ Individual
☐ For-Profit Organization (Other than Small Business)
☐ Small Business
☐ Hispanic-serving Institution
☐ Historically Black Colleges and Universities (HBCUs)
☐ Tribally Controlled Colleges and Universities (TCCUs)
☐ Alaska Native and Native Hawaiian Serving Institutions
☐ Nondomestic (non-U.S.) Entity
☐ Other (specify)_____

6. AUTHORIZING REPRESENTATIVE/AUTHORIZING OFFICIAL

By signing the application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

(U.S. Code, Title 218, Section 1001) ☐ I Agree

*Certifications and assurances are set forth in the IMLS guidelines for the program to which application is made.

Prefix _____ First Name _____ Middle Initial _____
 Last Name _____ Suffix _____
 Title _____
 E-mail _____ Phone _____ Fax _____

Signature of Authorizing Representative/Authorizing Official

Date Signed

CFDA No. 45.313

Laura Bush 21st Century Librarian Program Information

1. Parent Organization/Organizational Unit (if applicable):

Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip+4/Postal Code _____

☐ Parent organization will manage grant funds (check if applicable)

2. Type of Library (select one):

☐ Public Library

☐ Research Library/Archives

☐ School Library or School District applying on behalf of a school library or libraries

☐ Museum Library

☐ Library Association

☐ Academic Library

☐ Special Library

☐ Library Consortium

☐ State Library Agency

☐ Graduate School of Library and Information Science

☐ Four-Year College

☐ Community College

☐ Institution of Higher Education other than listed above

☐ Other, please specify: _____

3. Is the applicant organization university controlled? ☐ Yes ☐ No

4. Priority addressed in this application (check only one):

☐ Priority 1: Master's Level Programs

☐ Priority 2: Doctoral Level Programs

☐ Priority 3: Preprofessional Programs

☐ Priority 4: Research (Early Career Development)

☐ Priority 4: Research (other than Early Career Development)

☐ Priority 5: Programs to Build Institutional Capacity

☐ Priority 6: Continuing Education

5. Amount Requested \$ _____ 6. Amount of Matching Funds \$ _____

7. In the space below, include names of any organizations that are official partners of the project.

Project Budget Form

SECTION 1: DETAILED BUDGET

Year ☐1 ☐2 ☐3 ☐4 (Priority 2 proposals only) – Budget Period from ____ / ____ / ____ to ____ / ____ / ____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 2.5–2.7 BEFORE PROCEEDING.

SALARIES & WAGES (PERMANENT STAFF)

| NAME/TITLE | No. | METHOD OF COST COMPUTATION | IMLS | COST SHARE | TOTAL |
|-----------------------------------|-----|-------------------------------|-----------------|------------|-------|
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| TOTAL SALARIES & WAGES | | | \$ _____ | _____ | _____ |

SALARIES & WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

| NAME/TITLE | No. | METHOD OF COST COMPUTATION | IMLS | COST SHARE | TOTAL |
|-----------------------------------|-----|-------------------------------|-----------------|------------|-------|
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ |
| TOTAL SALARIES & WAGES | | | \$ _____ | _____ | _____ |

FRINGE BENEFITS

| RATE | | SALARY BASE | IMLS | COST SHARE | TOTAL |
|------------------------------|---------|-------------|-----------------|------------|-------|
| _____ | % of \$ | _____ | _____ | _____ | _____ |
| _____ | % of \$ | _____ | _____ | _____ | _____ |
| _____ | % of \$ | _____ | _____ | _____ | _____ |
| TOTAL FRINGE BENEFITS | | | \$ _____ | _____ | _____ |

CONSULTANT FEES

| NAME/TYPE OF CONSULTANT | RATE OF COMPENSATION (DAILY OR HOURLY) | NO. OF DAYS (OR HOURS) ON PROJECT | IMLS | COST SHARE | TOTAL |
|------------------------------|---|--------------------------------------|-----------------|------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL CONSULTANT FEES | | | \$ _____ | _____ | _____ |

TRAVEL

| FROM/TO | NUMBER OF: PERSONS DAYS | SUBSISTENCE COSTS | TRANSPORTATION COSTS | IMLS | COST SHARE | TOTAL |
|---------------------------|----------------------------|----------------------|-------------------------|-----------------|------------|-------|
| _____ | () () | _____ | _____ | _____ | _____ | _____ |
| _____ | () () | _____ | _____ | _____ | _____ | _____ |
| _____ | () () | _____ | _____ | _____ | _____ | _____ |
| _____ | () () | _____ | _____ | _____ | _____ | _____ |
| TOTAL TRAVEL COSTS | | | | \$ _____ | _____ | _____ |

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year ☐1 ☐2 ☐3 ☐4 (Priority 2 proposals only)

MATERIALS, SUPPLIES, & EQUIPMENT

| ITEM | METHOD OF COST COMPUTATION | IMLS | COST SHARE | TOTAL |
|--|-------------------------------|-------|------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$ | | _____ | _____ | _____ |

SERVICES

| ITEM | METHOD OF COST COMPUTATION | IMLS | COST SHARE | TOTAL |
|--------------------------------|-------------------------------|-------|------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| TOTAL SERVICES COSTS \$ | | _____ | _____ | _____ |

STUDENT SUPPORT (PRIORITIES 1, 2, AND 3)

| ITEM | METHOD OF COST COMPUTATION | IMLS | COST SHARE | TOTAL |
|---------------------------------|-------------------------------|-------|------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| TOTAL STUDENT SUPPORT \$ | | _____ | _____ | _____ |

OTHER

| ITEM | METHOD OF COST COMPUTATION | IMLS | COST SHARE | TOTAL |
|-----------------------------|-------------------------------|-------|------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| TOTAL OTHER COSTS \$ | | _____ | _____ | _____ |

TOTAL DIRECT PROJECT COSTS \$ _____

**TOTAL DIRECT PROJECT COSTS
EXCLUDING STUDENT SUPPORT \$** _____

INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 2.6.)

Applicant organization is using:

- ☐ A. an indirect cost rate which does not exceed 15% of modified total direct costs – may be listed only as cost sharing.
☐ B. Federally negotiated Indirect Cost Rate (see page 2.6).

Name of Federal Agency

Expiration Date of Agreement

| C. | Rate base(s) | Modified Direct Costs | | |
|-------|--------------|-----------------------|---|----|
| _____ | % of \$ | _____ | = | \$ |
| _____ | % of \$ | _____ | = | \$ |
| _____ | % of \$ | _____ | = | \$ |

| | IMLS | APPLICANT | TOTAL |
|---|-------|-----------|-------|
| TOTAL INDIRECT COSTS CHARGED TO \$ | _____ | _____ | _____ |

Project Budget Form

SECTION 2: SUMMARY BUDGET

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 2.5–2.7 BEFORE PROCEEDING.

DIRECT COSTS

| | IMLS | COST SHARE | TOTAL |
|-------------------------------------|-----------------|-----------------|-----------------|
| SALARIES & WAGES | _____ | _____ | _____ |
| FRINGE BENEFITS | _____ | _____ | _____ |
| CONSULTANT FEES | _____ | _____ | _____ |
| TRAVEL | _____ | _____ | _____ |
| MATERIALS, SUPPLIES, & EQUIPMENT | _____ | _____ | _____ |
| SERVICES | _____ | _____ | _____ |
| STUDENT SUPPORT | _____ | _____ | _____ |
| OTHER | _____ | _____ | _____ |
| TOTAL DIRECT COSTS | \$ _____ | \$ _____ | \$ _____ |
| INDIRECT COSTS* | \$ _____ | \$ _____ | \$ _____ |

*You may request indirect costs from IMLS only on the direct project costs requested from IMLS.

TOTAL PROJECT COSTS \$ _____

AMOUNT OF IN-KIND CONTRIBUTIONS \$ _____
(INSTITUTIONAL COST-SHARING) INCLUDING INDIRECT COSTS

AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS \$ _____

**FOR PROJECTS THAT WILL RECRUIT, EDUCATE, OR TRAIN
A SELECTED AUDIENCE, TOTAL NUMBER OF STUDENTS** \$ _____

COST PER STUDENT \$ _____
(DIVIDE AMOUNT REQUESTED FROM IMLS, INCLUDING DIRECT COSTS)

PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS _____ %
(MAY NOT EXCEED 50% EXCLUDING STUDENT SUPPORT - RESEARCH PROJECTS EXCEPTED. SEE COST SHARING ON PAGE 1.8)

Have you received or requested funds for any of these project activities from another federal agency?
(Please check one) ☐ Yes ☐ No

If yes, name of agency _____

Date of application _____ or award _____ Amount requested or received \$ _____

Partnership Statement

Use this format to provide information on each formal partnership. Information about partnership applications is on pages 1.6-1.7. All partners must sign a Partnership Statement.

1. Applicant organization (Partner 1) name: _____
2. Partner organization name: _____
3. List the Partner's key roles and responsibilities in the project:

We, the undersigned Partner organization, agree to the following:

- We will carry out the activities described above and in the Application Narrative.
- We will use any federal funds we receive from the Applicant organization in accordance with applicable federal laws and regulations as set forth in the program guidelines and the terms and conditions of the grant award.
- We assure that our facilities and programs comply with the applicable federal requirements and laws as set forth in the program guidelines.

Signature of Partner Authorizing Representative/Authorizing Official

Date

Name and Title of Partner Authorizing Representative/Authorizing Official (Type or Print)

Organizational Profile

Provide a separate organizational profile for the applicant and for each formal partner. Information about partnership applications is on pages 1.6–1.7. All formal partners also must sign a Partnership Statement (see page 3.10).

For the lead applicant:

1. Applicant organization name: _____
2. Organization mission: _____
3. Organization service area (audience served, including size, demographic characteristics, and geographic area): _____

For each formal partner:

1. Partner organization name: _____
2. Partner DUNS number: _____
3. Partner mailing address: _____
4. Partner project contact name: _____
Title: _____ Phone: _____
E-mail: _____
5. Governing control of partner (choose one):
☐ State ☐ County ☐ Municipal ☐ Private nonprofit ☐ University ☐ Tribal government
☐ Other (please specify): _____
6. Partner type of organization (from list on Program Information form, page 3.5): _____
7. Partner organization mission: _____
8. Partner organization service area (audience served, including size, demographic characteristics, and geographic area): _____